

**CHILD CARE FOOD PROGRAM
ENROLLMENT FORM**

Provider's Initials: _____

Date: _____

To be completed by Parent or Guardian

You have chosen a daycare that participates on the USDA Child and Adult Care Food Program (CACFP). It is our goal to assist in providing your child with nutritious meals/snacks. This enrollment information must be verified. The mealtime patterns and the daily menus should always be posted and available for parents. If you have questions, comments, or would like to learn more about the Child and Adult Care Food Program, contact our office at (505) 682-8869.

Name of Day Care Facility

Telephone #

Address

City

State

Zip Code

The following information is required by USDA Federal Regulation CFR 226.15(e)(2).

I wish to enroll my child(ren), whose names and enrollment information are specified below, in the USDA Child and Adult Care Food Program. I understand this program reimburses day care facilities for serving nutritious and well-balanced meals/snacks to day care children.

My Child(ren) will be served the following meals:

Breakfast: _____ AM Snack: _____ Lunch: _____ PM Snack: _____ Supper: _____ Late Snack: _____

Please Print Child(ren)'s Information							
First Name	Last Name	Age	Birthdate	Hours of Care	Days of Week		
				From: To:	Sat. Sun. Mon.	Tue. Wed. Thur.	Fri.
				From: To:	Sat. Sun. Mon.	Tue. Wed. Thur.	Fri.
				From: To:	Sat. Sun. Mon.	Tue. Wed. Thur.	Fri.
				From: To:	Sat. Sun. Mon.	Tue. Wed. Thur.	Fri.

Please identify any food allergies or special needs your child(ren) require:

Doctor's Name: _____

Doctor's Telephone: _____

Racial and Ethnic data is optional and is collected in accordance with FNS Instruction 113-1 Section XII (a)(2). This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

***OPTIONAL* Participant's ethnic and racial identities**

Please select all that apply

Name of Enrolled Child(ren)	Age	Foster Child?	Hispanic or Latino	American Indian or Alaskan Native	Asian	Black or African American	Hawaiian Native or Other Pacific Islander	White

I understand my child(ren) will receive meals at no extra charge to me when they are in care during any scheduled meal service and receive meals. I understand that the day care facility cannot and will not discriminate for reasons of race, color, national origin, sex (including gender identity or sexual orientation), or disability. There is to be no discrimination in admission policy, meal service, or use of facility. Any complaints should be addressed to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

EMERGENCY CONTACT INFORMATION:

Home Telephone #: _____

Work Telephone #: _____

Parent's Address _____

City _____

State _____

Zip Code _____

Parent's Signature: _____

Date: _____

***Form expires one (1) year from this date**